

Lakewood Christian Manor Application for Housing

Applicant Name: _____ Date: _____
 Current Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Work/Cell Phone: _____
 Email Address: _____

If you are a person with disabilities or have difficulty completing this application, please advise us of your needs when you receive the application or contact us to schedule assistance.

Our phone number is (404) 766-1466. Our office hours are Monday - Friday 9pm - 5pm
If you have a hearing or speech disability, you can dial 711 from any phone to access Telecommunications Relay Services (TRS) anywhere in the United States. For more information visit www.fcc.gov/guides/telecommunications-relay-service-trs

Income Limits

This property receives assistance from the U.S. Department of HUD. Qualified applicants must meet the income limits for the following county/region: Fulton

Area Median Income Limits by Household Size								
Income Category	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
50% (Very Low)	30,200	34,500	38,800	43,100	46,500	50,000	53,450	56,900
30% (Extremely Low)*	18,100	20,700	23,300	26,500	31,040	35,580	40,120	44,600
Federal Poverty Level								

***Extremely Low Income** is defined as families whose incomes do not exceed the higher of the Federal Poverty Level or 30% of the Area Median Income.

Directions to the Applicant:

Answer all the questions on this application. Enter "No" or "N/A" for any question that does not apply to you. Do not leave any spaces blank and do not strike through or cross out any section. **All household members 18 and older must sign this application. Proof of identity must be provided for all adult household members.** Only completed and signed applications will be accepted.

Social Security Numbers must be provided for all household members with the following exceptions:

1. Applicants who were age 62 or older as of January 31, 2010, whose initial determination of eligibility began before January 31, 2010.
2. Individuals who do not contend eligible immigration status.
3. A child under the age of 6 years added to the applicant household within the 6 month period prior to the household's date of admission. The household will have a maximum of 90 days after the date of admission to provide the SSN and adequate documentation that the SSN is valid. An additional 90 days may be granted under certain circumstances. If the household does not provide the SSN and adequate documentation to verify the SSN within the prescribed time frame, HUD requires the owner/agent to terminate tenancy.

THIS SECTION TO BE COMPLETED BY MANAGEMENT STAFF ONLY				Unit Type Requested: _____	
Date Received: _____	Time: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	Received Via: <input type="checkbox"/> Mail <input type="checkbox"/> In Person <input type="checkbox"/> Email <input type="checkbox"/> Fax	<input type="checkbox"/> VLI	<input type="checkbox"/> ELI
Manager Signature: _____	Fed. Preference (if applicable): _____			<input type="checkbox"/> Standard Unit WL	<input type="checkbox"/> Accessible Unit WL



Enter Property Name

Return the completed Application to: Address 1

Address 2

Address 3

Phone # Fax # TTY#

Household Member Information – Please list ALL household members					
Name	Social Security #	Relationship	Sex (Circle One)	Date of Birth	Student Status (Circle One)
		Head of Household	Male Female Decline to report		F/T P/T N/A
Race and Ethnicity of Head of Household may be disclosed on form HUD-27061-H (Race and Ethnic Data Reporting Form). There is no penalty for choosing not to disclose the information.					
					F/T P/T N/A
					F/T P/T N/A
					F/T P/T N/A
					F/T P/T N/A
					F/T P/T N/A

- Current Marital Status: Single (Unmarried) Married Widowed
 Separated Divorced Decline to Report
- Have you or any member of your household been known by any other last name? Yes* No
*If yes, which member(s): _____ Prior/Maiden Name: _____
- What is the total number of household members expected to live in the unit? _____
- Are there any household members that are a Veteran of any branch of the United States Armed Forces? Yes No
- Do you expect a change in household size in the future? Yes* No
*If yes, explain: _____
- Are there any temporarily absent household members? Yes* No
*If yes, provide name, relationship to head of household, age, explanation for absence, and date of expected return.
Name: _____ Relationship: _____ Age: _____ Return Date: _____
Explanation: _____
- Are any members within the household enrolled as a student at an institution of higher education? Yes* No
***IF YES, PLEASE COMPLETE A STUDENT CERTIFICATION FORM FOR EACH STUDENT ENROLLED.**

8. Disability Status Disabled Not Disabled

9. ACCESSIBILITY FEATURES

Fully-accessible units were designed for residents with mobility-related disabilities or who may use a wheelchair or scooter. These units offer features such as wider doors, lowered controls, light switches, counters, cabinets, roll under sinks etc. Applicants may apply for this type of unit anytime during their application process. Upon request, an eligible household may be offered a fully accessible unit based on availability.

Applicants may request special features be added to units where the household does not require full accessibility. This need will be verified with your doctor/physician.

a) Does any household member require a fully accessible unit? Yes* No



- b) Does any household member require a unit with special features or a program modification due to a disability? Yes* No

If yes, please describe the special features needed to accommodate the household member's disability or handicap. *Please do not include information about the type of disability. Only the requested accommodations are necessary.*

10. INCOME SOURCE(S): Please list ALL sources of income received by ALL ADULT members of your household. Examples include, *but are not limited to:* Wages, SSI, SSA, Unemployment, Pension, Child Support, Alimony, TANF, and regular gifts. *List additional income on a separate page if more space is needed.*

	Household Member	Type of Income	Amount Received	Frequency of Payment (circle one)
A				Per: Hour Week Month Year
B				Per: Hour Week Month Year
C				Per: Hour Week Month Year
D				Per: Hour Week Month Year
E				Per: Hour Week Month Year

****If benefits are drawn under a different Social Security Number, please provide:** _____

11. For all income types listed above (other than SSA and SSI), please list a company name, address, and phone number.

A. Income Type / Company Name: _____ Phone: _____

Address: _____

B. Income Type / Company Name: _____ Phone: _____

Address: _____

C. Income Type / Company Name: _____ Phone: _____

Address: _____

D. Income Type / Company Name: _____ Phone: _____

Address: _____

E. Income Type / Company Name: _____ Phone: _____

Address: _____

12. Do you anticipate any additional earning that have not been disclosed? Yes* No

**If yes, please list the information below:*

Income Type / Company Name: _____ Phone: _____

Address: _____

13. Will another individual or agency guarantee payment for your rent and/or other fees? Yes* No

**If yes, please list the name, address, and phone number:*

Name: _____ Address: _____ Phone: _____

14. ASSET SOURCE(S): Please list ALL assets for ALL members of your household. Examples include, *but are not limited to:* Bank accounts, stocks, annuities, life insurance, retirement accounts, cash on hand, and personal property held as an investment. *List additional assets on a separate page if more space is needed.*

Household Member	Asset Type	Account #	Cash Value	Source Name/Address/Phone



15. Have you ever received rental assistance or lived in subsidized housing? Yes* No
 *If yes, explain: _____
16. Has your rental assistance or subsidy ever been terminated for fraud, non-payment of rent, failure to re-certify, or any other reason? Yes* No *If yes, explain: _____
17. Have you, or any member of your household, been evicted from any property, including, but not limited to, a federally assisted property, for **drug-related criminal activity** within the last 3 years? Yes* No
 *If yes, explain: _____
18. Are you, or any member of your household, **currently engaged in the use of illegal drugs (including marijuana) or abuse of alcohol** that may interfere with the health, safety, or right to peaceful enjoyment of the property of other residents? Yes* No *If yes, explain: _____
19. Are you currently using any form of marijuana? Yes No
20. Landlord Reference:
Present Landlord: _____ From/To: _____
 Address: _____ Phone: _____
Previous Landlord: _____ From/To: _____
 Address: _____ Phone: _____
21. Have you, or anyone in your household, EVER been convicted of a felony? Yes* No
 *If yes, explain: _____
22. Have you, or anyone in your household, ever been convicted of a crime pertaining to sexual abuse or assault?
 Yes* No *If yes, explain: _____
23. Are you or anyone in your household subject to any sex offender registration program in any state, up to and including lifetime registration? **Note: Failure to respond to this question may jeopardize the approval of your application.**
 Yes* No *If yes, explain: _____
24. Have you, or anyone in your household, been convicted of a felony involving a violation of the Controlled Substance Act within the past ten (10) years?
 Yes* No *If yes, explain: _____
25. Is any person listed on this application requesting protections, assistance, or support under the Violence Against Women Act (VAWA)? Yes* No
**VAWA protects victims of domestic violence, dating violence, stalking, or sexual assault. This law requires owners to provide special consideration and confidentiality during the rental application process and prevents denial of tenancy of the victim and the victim's family, solely based on history or current circumstances related to domestic violence, stalking, sexual assault and dating violence. If requested, more documentation may be required.*
26. Please list your last 3 addresses (house/apartment number, street, city, state, and zip code).

27. Please list **all** states in which you and your household members have lived:

28. Do you own a pet or animal? Yes* No *If yes, what type of animal: _____
29. What is the size of unit(s) for which you are applying? (Number of bedrooms) _____
30. How did you hear about our community? Friend Employee Religious Organization



Current/Previous Resident or Family Member

Information provided by a government agency

Advertisement (where?) _____

Other _____

APPLICANT'S CERTIFICATION:

I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for assistance. I/we authorize the owner/management to verify all information provided on this application and to contact previous or current landlords or other sources for credit, criminal background check, and verification information which may be released to appropriate Federal, State or Local agencies. I/we understand that our information will be kept confidential, but may be reviewed by a HUD auditor. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law, and could result in this application being rejected. I/we am/are aware that the applicant may be given thirty (30) days notice to move into an available apartment. If for any reason I/we am/are unable to move in within the allowed time, I/we understand that our offer may be forfeited and the unit may be offered to the next person on the waiting list. I/we also understand that it is a requirement of our placement on the Waiting List that I/we contact the community manager in writing every six (6) months should we decide to remain on the List. I/we understand that failure to complete this application in its entirety will result in the rejection of this application.

Signature of Head of Household: _____ Date: _____

Signature of Spouse / Co-Head: _____ Date: _____

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408(a) (6), (7) and (8).

National Church Residences does not discriminate in any fashion based upon a person's race, color, sex, national origin, handicap status, religion, marital or familial status, source of income, sexual orientation, gender identity, or disability. National Church Residences does not discriminate based upon age for any reason, excluding HUD program/project requirements.



National Church Residences Certification Questionnaire

Complete a separate form for each household member who is age 18 or older or an emancipated minor.

Name and Phone Number:	Unit Number:
------------------------	--------------

	Yes	No	COMPLETE EACH ITEM:
1			I am a citizen of the United States or a permanent legal resident.
2			I am presently a student. Check one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other _____
3			I was a student sometime during the past twelve-month period or anticipate becoming a student at sometime during the upcoming twelve-month period.
INCOME			
4			I have a job and receive money/wages, tips or bonuses. (List the businesses or companies that pay you.)
5			I am self-employed or operate my own business. (List the types of jobs you do.)
6			I earn income from periodic, temporary, seasonal or contractual employment /work.
7			I receive Social Security or Rail Road Retirement Act income.
8			I receive Supplemental Security Income (SSI).
9			I receive quarterly payments from DHS for the State-paid portion of an SSI grant.
10			I receive unearned income for a family member(s) age 17 or under (e.g.: Social Security, trust fund disbursements).
11			I receive periodic payments from retirement funds or pensions. If yes, how many funds or pensions? _____ List name(s) of fund or pension provider.
12			I receive disability or death benefits other than Social Security.
13			I receive Veteran's Administration benefits.
14			I receive Public Assistance. (does not include food stamps or Medicaid)
15			I receive cash contributions or gifts including rent or utility payments, on an ongoing basis from persons not living with me.
16			I receive unemployment benefits.
17			I receive periodic payments from Workers' Compensation.
18			I receive periodic payments from trust, annuity or inheritance. If yes, from how many sources? ____
19			I receive income from the rental of real estate or personal property.
20			I receive periodic payments from lottery or other types of winnings.
21			I receive adoption assistance payments.
22			I receive alimony, maintenance, or spousal support.
23			I receive GI Bill benefits.
24			I receive military active duty allotments or regular pay as a member of the National Guard or Reservist pay.
25			I am a member of an Indian Tribe receiving gaming payments.
26			I receive periodic payments from insurance policies or any type of settlement, if yes, how many policies or settlements? _____

	Yes	No	COMPLETE EACH ITEM:
27			I receive long term care insurance payments that exceed \$180/day or \$67,000 annually.
28			I receive other recurring or periodic income not listed above. Describe _____
29			I receive student financial assistance. (does not include student loans)
30			I receive utility assistance
31			I receive Severance Pay
32			I anticipate additional earnings that have not been disclosed? List all anticipated earnings: _____
CHILD SUPPORT			
33			I receive child support. If yes, from how many parents do you receive support? If yes, is child support paid directly to DHS? <input type="checkbox"/> Yes <input type="checkbox"/> No
34			I have been awarded a judgment for child support but have not been receiving any payments or have not been receiving the full payments on a regular basis.
35			I anticipate filing a claim for child support within the next twelve months.
ASSETS (Include all assets held or owned either in or outside of the United States)			
36			I have a savings account(s) at: _____ (List name(s) of institution)
37			I have a checking account(s) at: _____ (List name(s) of institution)
38			I have certificates of deposit at: _____ (List name(s) of institution)
39			I have a prepaid card, debit card, or pay card on which funds from Social Security, SSI, Child Support, DHS, unemployment or another agency are directly deposited. If yes, how many? _____ From which Agency(ies)? _____
40			I have cash held in my home or in a safety deposit box.
41			I have savings bonds. If yes, how many? _____
42			I have Treasury Bills. If yes, how many? _____
43			I have stocks.
44			I have bonds
45			I have mutual funds or securities.
46			I have a money market account(s)
47			I have IRA's, Keogh account(s) or 401K at: _____ (List name(s) of institution)
48			I own real estate and/or receive income from the rental of real estate. If yes, how many properties? _____
49			I own a mobile home.
50			I have land contracts. If yes, how many? _____
51			I hold a mortgage or deed of trust.
52			I have revocable trusts. If yes, how many trusts? _____
53			I have whole life or universal life insurance policy(ies). If yes, How many policies? _____
54			I have personal property held for investment purposes (gems, jewelry, collections, etc.).
55			I have lump sum receipts or one-time receipts.

	Yes	No	COMPLETE EACH ITEM:
56			I have other name(s) listed on one or more of the above assets for beneficiary or other purposes, such as, power of attorney. These other persons do not own the assets and receive no income from the assets.
57			I have joint ownership on one or more of the above assets.
58			I have income/assets from sources other than those listed above. (Describe) _____
59			A member of my household is under the age of 18 and has assets. (Describe)
ALLOWANCES / DEDUCTIONS (Complete the items below for Section 8, Section 236, and Moderate Projects Only)			
60			I am Elderly (age 62 or older), Handicapped or Disabled and pay Medicare premiums.
61			I am Elderly (age 62 or older), Handicapped or Disabled and pay medical insurance premiums, other than Medicare.
62			I am Elderly (age 62 or older), Handicapped or Disabled and pay medical or prescription or chore provider expenses which are not reimbursed by insurance.
63			I am Elderly (age 62 or older), Handicapped or Disabled and pay long term care insurance premiums.
64			I pay child care expenses for a child age 12 or under in order to be gainfully employed or to further my education.
65			The Department of Human Services (DHS) pays child care expenses for a child(ren) age 12 or under in order for me to be gainfully employed or further my education. If yes, FIA pays <input type="checkbox"/> full <input type="checkbox"/> partial.
66			I pay handicap care expenses for a handicapped/disabled family member in order to be gainfully employed.
67			I pay handicap equipment expenses for a handicapped/disabled family member that are not covered by insurance.
OTHER ITEMS			
68			I have provided proof of Social Security number (or certification) for all household members. (The certification for individuals under 18 years of age will be executed by a parent or guardian.)
69			Are any household members permanently or temporarily absent from the household? If the answer is yes, Circle which is applicable
70			Are any members of the household a veteran of the U.S. Military?
71			Are you seeking housing as a result of a presidentially declared disaster?
DISPOSAL / DIVESTITURE OF ASSETS (all tenants and prospective residents in all types of projects must complete the section below)			
72			I have sold, given away or otherwise transferred ownership of assets within the last two (2) years. <u>Initial</u> the "Yes" column or the "No" column at left. If yes, list item(s) and date(s): _____ <i>Assets include cash (totaling in excess of \$999), cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (i.e., lottery winnings, insurance settlements, etc.), and personal property held as an investment (i.e., gem or coin collections, paintings, antique cars, etc.). Do not include necessary personal property such as furniture, automobiles, and clothing.</i>

Under penalties of perjury, I certify that the information presented in this certification is true and accurate to the best of my (our) knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. I will notify the Resident Manager when circumstances change, for possible recertification. False, misleading or incomplete information may result in the termination of the lease agreement and/or benefits.

Applicant / Tenant Signature

Date

Lakewood Christian Manor

TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to Lakewood Christian Manor (owner or agent) for purposes of verifying information on my/our apartment rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

The groups or individuals that may be asked to release the above information include, but are not limited to:

- Past and Present Employers, Welfare Agencies, Veterans Administration, Previous Landlords (including Public Housing Agencies), State Unemployment Agencies, Retirement System, Support and Alimony Providers, Social Security Administration, Banks and other Financial Institutions, Medical and Child Care Providers

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

SIGNATURES

Applicant/Resident (Print Name) Date
Co-Applicant/Resident (Print Name) Date
Adult Member (Print Name) Date
Adult Member (Print Name) Date

Lakewood Christian Manor Tenant Selection Plan

Eligibility Requirements

This community is funded through the Low Income Housing Tax Credit (LIHTC) program. The family's annual income must not exceed program income limits. Income limits are based on family size and are established and published by HUD annually. **Applicants must meet the Very-Low (50%) income limits for the current fiscal year.** Please refer to management for more information regarding Income Limits. For LIHTC units, the Head or Co-Head of Household must be 55 years of age or older at the time of application.

Additionally, fifty (50) units at this property receive Section 8 assistance. For these section 8 units, the Head or Co-Head of Household must be 62 years of age or older at the time of application. **Applicants for the Section 8 units must meet the Very-Low (50%), or Extremely-Low income (30%) limits for the current fiscal year.**

All adults age 18 and over in each applicant family must sign all required verification documents prior to move-in and annually thereafter. All information reported by the family is subject to verification.

Separate tenant files are kept for each program. The applicant/tenant is required to sign all LIHTC forms related to verification of income, assets, and family composition. Applicants and residents in the Section 8 assisted units must also sign all HUD required forms.

Eligibility for occupancy is determined by federal statute and HUD regulation. For all HUD programs, applicants must meet the following requirements to be eligible for occupancy and housing assistance:

1. The family's annual income must not exceed program income limits. Income limits are based on family size and are established and published by HUD annually.
2. Applicants must disclose the complete and accurate social security numbers, and provide adequate documentation of social security numbers for all family members. Adequate documentation means the **Original Social Security Card** issued by the Social Security Administration (SSA) or other acceptable evidence. If the applicant cannot supply the Original Social Security Card, they must supply one of the other documents listed in the 4350.3, Appendix 3. **Acceptable SSN documentation includes, but is not limited to:**
 - Driver's license with SSN
 - Bank statement
 - Life insurance policy
 - ID card issued by a federal, State, or local agency, a medical insurance provider, or an employer or trade union
 - Earnings statements on payroll stubs
 - Benefit award letter
 - Court records
 - Form 1099
 - Retirement benefit letter

If the household member is not claiming eligible citizen/non-citizen status, the requirement to disclose SSN is waived. The household member does not qualify for assistance and the household assistance will be prorated.

Applicants and tenants must disclose and provide verification of the complete and accurate SSN for all family members except those individuals who do not contend eligible immigration status or individuals age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010.

When a person under 6 years of age who does not have an SSN is **added** to the household, the tenant must supply the required documentation within 90 days of the child's addition to the household. *If a child under the age of 6 years was added to the assistance applicant household within the 6-month period prior to the household's date of admission, the assistance applicant may become a participant, so long as the required documentation is provided within 90 calendar days from the date of admission into the program.* An additional 90-day period must be granted by the O/A if the failure to provide documentation of a SSN is due to circumstances that are outside the control of the tenant. During this time period, the child is to be included as part of the household and will receive all of the benefits of the program in which the tenant is involved, including the dependent deduction.

Applicants do not need to disclose or provide verification of an SSN for all non-exempt household members at the time of application and for placement on the waiting list. However, applicants must disclose and provide verification of an SSN for all non-exempt household members before they can be housed.

If all non-exempt household members have not disclosed and/or provided verification of their SSNs at the time a unit becomes available, the next eligible applicant must be offered the available unit.

The applicant who has not disclosed and/or provided verification of SSNs for all non-exempt household members has 90 days from the date they are first offered an available unit to disclose and/or verify the SSNs. During this 90-day period, the applicant may, at their discretion, retain their place on the waiting list. After 90 days, if the applicant is unable to disclose and/or verify the SSNs of all non-exempt household members, the applicant should be determined ineligible and removed from the waiting list.



3. All adults age 18 and over in each applicant family must sign an Authorization for Release of Information prior to receiving assistance and annually thereafter.
4. The unit for which the family is applying must be the family's only residence. Under no circumstances may any tenant receive assistance for two units at the same time. Tenants cannot use Housing Choice Voucher assistance in a unit already assisted through project-based assistance.
5. An applicant must agree to pay the rent required by the program under which the applicant will receive assistance.
6. Only U.S. citizens or eligible noncitizens may receive assistance under Section 8, Section 236, Rent Supplement, Rental Assistance Payment (RAP), and Section 202/8 programs.
7. All information reported by the family is subject to verification.

All potentially eligible, qualified applicants will be considered in accordance with the marketing procedures of the HUD-Approved Affirmative Fair Housing & Marketing Plan (HUD Form 935.2). All applicants must comply with any applicable admissions requirements in the revised HUD Handbook 4350.3 (including all changes).

Management reserves the right to alter the Tenant Selection Plan at any time. In such an event, management will provide applicants with ample notice in accordance with the HUD Handbook 4350.3.

Low Income Housing Tax Credit (LIHTC)

In addition to HUD regulations, this community also receives Low Income Housing Tax Credit (LIHTC) funding which may require specific unit set-asides or preferences. Separate tenant files are kept for each program. The applicant/tenant is required to sign all LIHTC forms related to verification of income, assets, and family composition in addition to the HUD required forms. The governing agency for the LIHTC funding has the right to audit resident files and inspect units and the premises. Refer to management for further details.

Non Discrimination

This community does not discriminate based on race, color, religion, sex, national origin, disability, familial status, or age based upon the following Fair Housing laws:

- Title VI of the Civil Rights Act of 1964 and The 1988 Fair Housing Amendments Act prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving federal financial assistance.
- Title VIII of the Civil Rights Act of 1968 (Fair Housing Act), as amended, prohibits discrimination based on race, color, national origin, religion, sex, familial status, and disability.
- Section 504 of the Rehabilitation Act of 1973 prohibits discrimination based on disability in any program or activity receiving federal financial assistance.
- The Age Discrimination Act of 1975 prohibits discrimination on the basis of age in programs or activities receiving federal financial assistance.
- Title II of the Americans with Disabilities Act of 1990 prohibits discrimination based on disability in programs, services, and activities provided or made available by public entities.

Tenancy is open to all qualified eligible persons in accordance with any State recognized protected classes. National Church Residences does not discriminate in any fashion based upon a person's race, color, sex, national origin, handicap status, disability, religion, familial status, source of income, actual or perceived sexual orientation, gender identity, or marital status. National Church Residences does not discriminate based upon age for any reason, excluding HUD program/project requirements.

Reasonable Accommodations

This community does not discriminate against persons with disabilities. Management will provide reasonable accommodations or reasonable modifications for applicants and tenants with disabilities who have a need for the accommodation/modification. A reasonable accommodation is an exception made to the usual rules or policies made necessary because of a disability that will allow the applicant or tenant to use and enjoy an apartment community. A reasonable modification is a structural change that will enable a tenant with a disability to use and enjoy an apartment community. This includes the application process and tenancy period. For more information please refer to management's Section 504 and Reasonable Accommodation policies.

Privacy

It is management's policy to guard the privacy of individuals covered by the Privacy Act of 1974, and to ensure the protection of such individuals' records maintained by the property. Neither the property nor its agents shall disclose any personal information contained in its records to any person or agency unless the individual for whom information is requested provides written consent to such disclosure.



This privacy policy in no way limits the property's ability to collect such information as it may need to determine eligibility, compute rent, or determine an applicant's suitability for tenancy. Consistent with the intent of Section 504 of the Rehabilitation Act of 1973, any information obtained regarding disability will be treated in a confidential manner.

Assistance for Persons with Limited English Proficiency (LEP)

On August 11, 2000, the President signed Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency." The Executive Order requires all owners and agents to identify any need for federal housing assistance to those with limited English proficiency (LEP), and develop and implement a system to provide federal housing assistance so LEP persons can have meaningful access.

Management will provide for such meaningful access consistent with, and without duly burdening, the fundamental mission of the property. We will work to ensure that people who need federal housing assistance are provided meaningful access to the program.

The Violence Against Women Act (VAWA)

All National Church Residences communities recognize The Violence Against Women and Justice Department Reauthorization Act of 2013 and all federal reauthorizations of the Act. VAWA protects victims of domestic violence, dating violence, sexual assault, and stalking, as well as their immediate family members, from being denied housing assistance if an incident of violence is reported and confirmed. An applicant's status as a victim of domestic violence, dating violence, or stalking is not a basis for denial of rental assistance or for denial of admission, if the applicant otherwise qualifies for assistance or admission. Some key points of the Act include:

- A potential resident who certifies they were the victim of domestic violence, dating violence, sexual assault, or stalking may be allowed to be admitted even with poor credit and poor landlord evaluations if they can show these negative factors were caused by domestic violence.
- It assured that victims of domestic violence, dating violence, sexual assault, or stalking can have access to the criminal justice system without facing eviction.
- Where someone is abusive to other members of the household, only the abuser may be evicted and the lease can be bifurcated. Furthermore, the standards for eviction due to imminent threat have been strengthened.
- Residents in assisted housing who face violence may be allowed early lease termination for a matter of safety.

In accordance with VAWA, management will not penalize victims of domestic violence, dating violence, sexual assault, and stalking. Nothing prevents a victim who has committed a crime or violated a lease from being denied, evicted or terminated. VAWA applies to all victims regardless of gender.

Victims must certify their status as victims and that the incident in question was a bona fide incident of domestic violence, dating violence, sexual assault, and stalking by presenting appropriate documentation to the Property Manager.

Applicants and tenants have the option to complete the Certification of Domestic violence, Dating Violence, Sexual Assault or Stalking (form HUD-5382). The form is available in the rental office or on HUD's Form Resource website:

<https://portal.hud.gov/hudportal/documents/huddoc?id=5382.doc>

Alternately, in lieu of the HUD-5382 form, or in addition to it, we will accept the following:

- a) A federal, state, tribal, territorial, or local police record or court record or
- b) Documentation signed by an employee, agent, volunteer of a victim service provider, an attorney, or medical professional from whom the victim has sought assistance in addressing domestic violence, dating violence, or stalking, or the effects of abuse in which the professional attests under penalty of perjury under 28 U.S.C. 1746 to the professional's belief that the incident or incidents are bona fide incidents of abuse, and the victim of Domestic violence, Dating Violence, Sexual Assault or Stalking has signed or attested to the documentation.
- c) The tenant ultimately has the right to choose which type of documentation to submit to an owner/management agent when VAWA protections are invoked.

In addition, Management may provide assistance to an individual based on the individual's statement and corroborating evidence. We are mindful that the delivery of certifications may place the victim at risk; therefore, management will work with the individual in making acceptable delivery or discreet meeting arrangements.

Confidentiality

The identity of the victim and all information provided will be retained in confidence and not be shared with any entity except if the disclosure is:

- a) Requested or consented to by the individual in writing;



- b) Required for use in an eviction proceeding; or
- c) Otherwise required by applicable law.

VAWA does not limit management's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up. The VAWA Lease Addendum must be signed by all new and existing tenants as of the effective date of the initial VAWA Notice, September 30, 2008.

VAWA Emergency Transfers

Management will consider an Emergency Transfer Request when a person seeking to exercise VAWA protections feels that they are in imminent danger or was sexually assaulted on the property within 90 days of the request. In some cases, families that qualify for a VAWA Emergency Transfer may receive preference over other applicants. Refer to the VAWA policy and Emergency Transfer Plan for specific guidance.

Tenants may complete HUD form 5383 "*Emergency Transfer Request for Certain Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking*" in order to request an emergency transfer under VAWA. Forms are available at the rental office and on HUD's Form Resource Website: <https://portal.hud.gov/hudportal/documents/huddoc?id=5383.docx> More information is available in our Emergency Transfer Policy which is available in the rental office.

Falsification

Any intentional misrepresentation of information relevant to a determination of eligibility or qualifications for tenancy including financial capacity or the ability to satisfy the other essential requirements of tenancy shall be grounds for applicant rejection and/or eviction.

Occupancy Standards

Management allows a minimum of one (1) person per bedroom; maximum of two (2) persons per bedroom.

- Every family member listed on the application is counted toward occupancy.
- All anticipated children must be counted for occupancy and income limits.
- Live-In Aides and foster children are counted when determining occupancy standards.
- Children who live in the unit 50% of the time may be counted.
- Children away at school, who live with the family when school recesses, may be counted.

Records Retention

To Help ensure that tenancy determinations and appeals processed are being conducted in a non-discriminatory manner, management will retain records regarding denials and appeals in addition to tenant records. They will be reviewed periodically for consistency for a minimum of 3 years in accordance with landlord-tenant laws, some programs may have longer retentions requirements.

Citizenship

Assistance in subsidized housing is restricted to U.S. citizens or nationals and Noncitizens who have eligible immigration status. **Applicants must submit evidence of citizenship or eligible immigration status at the time of application. All family members, regardless of age, must declare their citizenship or immigration status.**

1. **Noncitizens** (except those age 62 and older) must sign a Verification of Consent form and submit documentation of their status or sign a declaration that they do not claim to have eligible status.
2. **Noncitizens under the age of 62 who are claiming eligible status must provide**
 - 1) A signed **Declaration** of eligible immigration status;
 - 2) A signed **Consent** form; **AND**
 - 3) **One** of the DHS-approved documents listed below:
 - i. Form I-551, **Permanent Resident Card**
 - ii. Form I-94, **Arrival-Departure Record annotated with one of the following:**
 - "Admitted as a Refugee Pursuant to Section 207";



- "Section 208" or "Asylum";
 - "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - "Paroled Pursuant to Section 212(d)(5) of the INA."
- iii. Form I-94, **Arrival-Departure Record (with no annotation)** accompanied by one of the following:
- A final court decision granting asylum (but only if no appeal is taken);
 - A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
 - A court decision granting withholding of deportation; or
 - A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- iv. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- v. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*.

Noncitizens not claiming eligible immigration status may elect to sign a *statement* that they acknowledge their ineligibility for assistance. *This statement is in addition to their declaration of citizenship status on the Citizenship Declaration form.* In addition, the manager must have each noncitizen family member complete a Verification Consent Form.

If the applicant cannot supply the documentation within the specified time frame, management may grant an extension of not more than 30 days if the applicant certifies that the documentation is temporarily unavailable and additional time is needed to collect the documentation.

Management will inform the applicant in writing if an extension request is granted or denied. If the request is granted, management will include the new deadline for submitting the documentation. If the request is denied, management will state the reasons for the denial in the written response.

3. **Noncitizens age 62 and older** must sign a declaration of eligible immigration status and provide a proof of age document. Acceptable proof of age documents are:

- Birth Certificate
- Census document showing age
- Valid passport
- Baptismal Certificate
- Naturalization certificate
- Military Discharge papers
- Social Security Administration Benefits printout

4. **U.S. citizens** must sign a declaration of citizenship and provide a U.S. birth certificate or U.S. passport.

A family with one or more ineligible family members and one or more eligible family members, ("mixed family"), may receive prorated assistance, continued assistance, or a temporary deferral of termination of assistance. Assistance must be denied or terminated if all family members are determined to be ineligible.

Applicants who hold a noncitizen student visa are ineligible for assistance, as are any noncitizen family members living with the student.

Currently assisted families that have no eligible members and those that qualify only for prorated assistance and choose not to accept the partial assistance are eligible for temporary deferral of termination of assistance. During the deferral period, the household will continue to receive its current level of assistance.

If assistance is denied, the applicant may appeal the determination directly to the Department of Homeland Security (DHS).

LIHTC Student Eligibility

Households consisting entirely of full-time students are permitted to occupy Tax Credit units if:

- The student is a single parent living with his/her minor child/children and none of the tenants are dependents of a third party; OR
- The applicant is married and filing a joint tax return; OR



- The applicant receives Aid to Families with Dependent Children (AFDC). This includes any assistance under Title IV of the Social Security Act; OR
- The applicant participates in a Job Training Partnership Act (JTPA) or other similar federal, state, or local program.

In the event the applicant is personally unable to complete the form, the applicant must be present to provide the information to someone assisting in completing the form. The person assisting the applicant must sign and date the application, indicating that it was completed at the direction of the named applicant, and provide identification to management. Staff members will assist whenever possible with completing necessary forms.

HUD Student Eligibility

Management will verify student status prior to move-in and at every certification for each household member age 18 and older. If an ineligible student is found to be the member of an applicant household, Section 8 assistance will be denied. If an ineligible student is found to be the member of an existing household, Section 8 assistance for the household will be terminated. Section 8 assistance eligibility rules are as follows:

Section 8 assistance shall not be provided to any individual who:

- Is enrolled as either a part-time or full-time student at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential;
- Is under the age of 24;
- Is not married;
- Is not a veteran of the United States Military;
- Does not have a dependent child;
- Is not a person with disabilities, as such term is defined in 3(b)(3)(E) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)(3)(E)) and was not receiving section 8 assistance as of *November 30, 2005.*;
- Is not living with his or her parents who are receiving Section 8 assistance; and
- Is not individually eligible to receive Section 8 assistance and has parents (the parents individually or jointly) who are not income eligible to receive Section 8 assistance.

A student under the age of 24 may qualify for assistance if the student:

- Is of legal contract age under state law; and
- Has established a separate residence for at least one year OR meets the Department of Education's definition of Independent Student; and
- Is not claimed as a dependent by a parent or legal guardian pursuant to IRS regulations; and
- Provides a certification from the parent or legal guardian of the amount of financial support provided, even if the amount is zero.
- Is classified as a Vulnerable Youth (see definitions).
- The individual is a student for whom a financial aid administrator makes a documented determination of independence by reason of other unusual circumstances.

Any financial assistance a student receives (1) under the Higher Education Act of 1965, (2) from private sources, or (3) from an institution of higher education that is in excess of amounts received for tuition and other required fees and charges is included in annual income, except:

1. If the student is over the age of 23 with dependent children or
2. If the student is living with his or her parents who are receiving section 8 assistance

Financial assistance that is provided by persons not living in the unit is not part of annual income if the student meets the Department of Education's definition of "vulnerable youth".

Applications

Applications may be picked up at the rental office or requested by mail or phone during normal posted business hours during periods when the waiting list is open. Applicants may return the application in person during business hours or by mail. The application must include all family members who will reside in the unit.

The applicant(s) must:

- Meet certain credit and criminal report standards. Management will obtain a credit and criminal report for all household members age 18 and older. *Refer to the Applicant Screening section for detailed information.*
- Provide contact information for current and prior landlords.
- Prove the ability to fulfill all lease requirements (with or without assistance).



- Agree to pay the rent required by the program under which the applicant will receive assistance.

All information regarding credit, criminal, and income calculations will be verified in accordance with HUD Handbook 4350.3. Applicants will be required to sign appropriate verification forms authorizing the management staff to verify all factors effecting eligibility. HUD may release this information to other Federal, State, or Local Agencies. Accommodations will be made for persons with disabilities or others who may require assistance in completing the application process.

Waiting List

All applications will be date and time stamped by management. Applications must be fully completed, signed, and dated by the applicant in order to be accepted. Applications will be reviewed and placed on the waiting list in the order they are received. When the application is accepted as complete, the applicant will receive a notice in writing of their placement on the waiting list.

The first time an applicant is offered an apartment; they may refuse for any reason and remain on the waiting list. A second refusal will cause the application to be rejected and the applicant's name removed from the waiting list, unless the refusal is one due to a disability. If the applicant is removed from the waiting list, they may reapply, during periods when the waiting list is open. Applicants who are experiencing hardships due to health or financial reasons will not be moved from their original date on the waiting list if proper documentation is received by management. If an applicant misses their initial move-in (lease-signing) appointment, they must contact the management office within 24 hours to reschedule the move-in. The move-in must occur within 3 days of the original appointment, otherwise, the applicant will be removed from the waiting list and the apartment will be rented to the next approved applicant. Management will consider exceptions for extenuating circumstances on a case-by-case basis. Reasonable Accommodations or modifications to this policy are available for persons with disabilities.

When a unit becomes available, in-place tenants requiring a different unit will be transferred appropriately before any new applicant is moved in from the waiting list. In this manner, management is able to avoid displacing current tenants whose housing needs have changed since admission.

Every six (6) months, management will contact the applicant, in the form of a routine letter sent to all applicants on the waiting list, requesting updated information and inquiring if they wish to remain on the list. If management does not receive a response within fourteen (14) days, the applicant will be removed from the waiting list. A letter will be sent to the applicant stating that their application has been removed from the waiting list. In the event an applicant is unable to respond to the notice due to a disability, the applicant will be placed back on the Waiting List in the original order, as a reasonable accommodation.

When the number of applications on the waiting list for any particular unit size exceeds the annual apartment turn over for that size unit, the waiting list may be closed. Management will advise potential applicants of the closure of the waiting list and refusal to take additional applications. A notice will be prominently posted in the rental office or reception area and in a local newspaper, stating the reason the waiting list is closed and the effective date of the closure. When the waiting list is to be reopened, notice will be placed in the same local publication, as well as notifications sent to appropriate social service agencies stating when the waiting list will be re-opened, as well as times and days that applications will be taken. This is done in accordance with the AFHMP (HUD Form 935.2).

Interviews

As an applicant's name approaches the top of the Waiting List, or when a suitable unit becomes available, a formal interview will be scheduled. At the time the applicant is interviewed, all items on the application will be discussed and confirmed. Verification forms will be signed by the applicant authorizing management to verify all of these issues/items. Until all items are verified, eligibility cannot be determined nor any housing offered. Management must make an attempt to verify all factors via "third party" written verification, per HUD requirements.

In the absence of third-party verification, within 7 days after attempting the third party verification, and no response being received, management will use alternate methods of verification listed in Appendix 3 of the HUD Handbook 4350.3.

Preferences

Applicants with preferences are selected from the waiting list and receive an opportunity for an available unit earlier than those who do not have a preference. Assigning preferences to applicants who meet certain criteria is a method intended to provide housing opportunities to applicants based upon certain household circumstances.

Preferences affect only the order applicants will be selected from the waiting list. They do not make anyone eligible who was not otherwise eligible. Preferences are not permitted if they, in any way, interfere with affirmative marketing efforts or fair housing requirements.

This community has no federal required or owner adopted preferences outside of our resident transfer policy.



Section 8 Income Targeting

HUD requires properties with Section 8 units to ensure that during a fiscal year at least 40% of the units that become available, together with initial certifications of in-place tenants, serve extremely low income families. If management determines that following the chronological order of the waiting list may not meet HUD's income-targeting requirement, then management will alternate between the first extremely low income applicant on the waiting list and the applicant at the top of the waiting list. This may mean "skipping over" some applicants with higher incomes. As subsequent units become available, tenant selection will continue to alternate between the extremely low income applicant and the higher income applicant at the top of the waiting list until the 40% target is reached.

Accessible Units

A percentage of the units in this community have been physically altered for accessibility. Someone in the family must qualify as "needing" the accessible features to apply for or live in these units. This need must be verified with a medical practitioner. Units that have been altered in any way for a disabled person will be rented, whenever possible, to a family or individual needing that specific unit type, or the accessible features present in that unit. In most instances, accessible units will be rented to a family or family with a member needing that type of unit.

In the event that no applicant or family can be found requiring that unit type, a non-disabled applicant or family can be housed there, temporarily, at the applicant's request. The applicant must sign an agreement stating the household will move at their own expense within 30 days after they are notified by management, in writing, that a non-accessible unit is available.

Applicant Screening

Applicants who appear to meet the basic requirements of the program will be screened for criminal history including sex offender screening. All household members age 18 and over will be screened for criminal and sex offender history at application and annual recertification. If the criminal screenings are approved, credit and rental history will be screened. These screening procedures will be applied to uniformly to all applicants.

Screening for Drug Abuse and Other Criminal Activity

Criminal history is one (1) factor that ownership will consider when making a decision on whether or not to lease an apartment to an otherwise qualified individual. Criminal History will only be considered as a relevant factor after Credit History and Rental Verification/ History has been approved. Ownership will reject any applicant whose tenancy would reasonably be expected to have a detrimental effect on other tenants, the environment of the apartment community, or where an applicant's history would evidence an inability to comply with lease terms or a likelihood of interfering with management staff. Ownership will ensure that tenant selection is objective and reasonable, and ownership will look at past conduct to predict future conduct.

Ownership will consider reasonable and objective aspects of the applicant's criminal history including the following areas:

- a. Ability to maintain their housing in a decent and safe condition.
 - b. History of criminal activity by a household member involving crimes of physical violence against persons or property, drug related criminal activity, and criminal activity that would adversely affect the health, safety, or well-being of other tenants or cause damage to the apartment community.
 - c. Criminal History which includes disturbing neighbors or destruction of property.
 - d. Criminal History that includes abuse of alcohol or drugs in a manner which would interfere with the health, safety, or right to peaceful enjoyment by others.
 - e. Individuals on local, state or national lifetime sex offender registries or who have been convicted of trafficking or manufacturing narcotics are not eligible for occupancy.
1. Ownership will only look to convictions of crimes as evidence of prior criminal conduct.*** Arrests will not be considered unless there is separate evidence of the conduct underlying the arrest sufficient to corroborate the fact that the conduct underlying the arrest may negatively impact the health and welfare of the apartment community. Indictments may also be used as a factor for denial depending on the facts underlying the indictment. Expunged and/or sealed records also will not be considered in assessing criminal convictions. In the event that an individual is arrested and a criminal proceeding is pending, ownership will require factual information from an objective source corroborating the facts underlying the pending proceeding.



2. Any rehabilitation that the offender engaged in subsequent to the crime to evidence successful rehabilitation will be considered if offered prior to initial denial. Additionally, the amount of time which has expired since the criminal conduct will be a factor prior to denial. Arrest records should be used to trigger an inquiry into the facts underlying the criminal conduct which could be used to disqualify the applicant.
3. Ownership has created a five year (5) look back period for misdemeanor convictions which fall within the categories indicated above. Owner will look back seven (7) years for felony offenses which fall within the aforementioned criteria. Additionally, ownership will look at violent criminal convictions within the past twenty (20) years to determine if said convictions evidence any of the factors above which may negatively affect tenancy. The severity of the conviction will impact the length of time that said conviction is relevant to screening. The amounts of convictions are also relevant to the length of time that criminal convictions are applicable for screening purposes.
4. Other factors to consider would be a) the number of convictions in someone's criminal history, b) whether the offenses bear relationship to the safety and security of other residents, c) the level of violence of the offenses which resulted in convictions, d) any rehabilitation that has been completed, and e) whether the applicant is a recovering addict who was under the influence during the criminal offenses on his/her or their record.
5. In addition to the foregoing, individuals who are currently on a state lifetime sex offender registry or who have been convicted of any offense related to trafficking or manufacturing narcotics will not be considered for occupancy.

**** In the event that an applicant has a conviction which would exclude them from renting, or in the event that there is evidence of criminal conduct other than a conviction which would exclude an applicant from renting, an applicant nevertheless has the right to appeal the decision. During the appeal, the applicant bears the burden of providing verified or verifiable information to negate or minimize the criminal convictions in their criminal history. Management would consider evidence provided by the applicant, including but not limited to the following:

- a. The circumstances surrounding the crime
- b. The age of the individual at the time that the crime was committed
- c. The time which has elapsed since the crime or crimes which were the reason for the initial denial.
- d. The number of total convictions which are part of the applicant's criminal history.
- e. Evidence of good tenant history or references since commission of the crime.
- f. Evidence of rehabilitation efforts.

Procedure:

Managers should follow the following procedure:

1. Obtain a screening report for creditworthiness, criminal history and landlord verifications. Assess the applicant for these factors and make a determination about whether or not they would qualify. On the criminal history, make sure to note any convictions which appear on the applicant's criminal history. An applicant should be denied if they have a criminal conviction for a felony offense in the last seven (7) years which evidences a likelihood of future harm to persons or property, which evidences a future risk of sexually oriented offenses, or which involves the sale or manufacture of drugs. Additionally, look at violent criminal convictions within the past twenty (20) years to determine if said convictions evidence any of the factors above which may negatively affect tenancy. The severity of the conviction will impact the length of time that said conviction is relevant to screening. The amounts of convictions are also relevant to the length of time that criminal convictions are applicable for screening purposes. If the applicant qualifies, proceed to step 2:
2. Sexual predators on the state lifetime sex offender registry should be denied. If an applicant's criminal history includes convictions in the last five (5) years for misdemeanor offenses, then proceeding to step 3:
3. In the event an applicant's criminal history includes convictions for misdemeanor offenses in the last five (5) years, the factors contained in the above criminal policy should be used to evaluate whether or not to accept an applicant on a case by case basis.



4. Applicants who submit an appeal should be provided an opportunity to provide information to allow ownership to consider any circumstances which would serve to mitigate the criminal convictions within the applicant's criminal history.
5. In the event that an applicant does not meet Ownership's criminal screening criteria after this process, the manager should make a memorandum to the file indicating the factors which were considered to make the denial.

Applicants will be denied for the following credit/rental criteria:

- Evictions within the last 3 years from federally assisted housing for drug-related criminal activity will be denied. All other evictions within the last 7 years will be denied.
- Applicants with a credit report showing rental collection accounts in negative standing within the last 7 years may be denied.
- Landlord verification of more than two (2) late payments of rent in a six (6) month period. Verification of all charges paid will be required. Verifications will be sent to the current and previous landlord.
- Landlord verification of more than two (2) NSF checks in a one (1) year period. Verifications will be sent to the current and previous landlord.
- Reported lease violations from the current or previous landlord. This includes property damage, disturbing the peace, harassment, poor housekeeping habits, improper conduct, or other negative reference against the household.
- Any amount showing owed to a prior management company can be grounds for denial. We reserve the right to ask for proof of payment. Any debt balance owed to a prior management company or housing complex is required to be paid in full prior to move-in.
- Any household member currently engaging in illegal drug use is grounds for denial. This can include a pattern of illegal drug use that may interfere with the health, safety, or right to peaceful enjoyment of the premises by other tenants.
- Any household member who has a pattern of alcohol abuse that may interfere with the health, safety, or right to peaceful enjoyment of the premises by other tenants is grounds for denial.
- Grossly unsanitary or hazardous housekeeping habits.

If the denied applicant is a person with disabilities, management will consider extenuating circumstances as a reasonable accommodation. Lack of credit or rental history is not grounds for denial.

EIV (Enterprise Income Verification)

Per HUD's requirement, management uses HUD's Enterprise Income Verification (EIV) system. EIV is an Internet based computer data system containing employment, income, and subsidy information on individuals participating in HUD's rental assistance programs. In accordance with EIV security requirements, only authorized personnel shall have access to EIV information, and then only after proper training and certification of non-disclosure.

Before an applicant is selected from the waiting list, management will request an Existing Tenant Find report using the EIV system. If information received from the EIV system is inconsistent with information the applicant has provided, management will contact the applicant.

If there is a conflict between the EIV report and the tenant reported income, management will contact the tenant and use written third-party verification when necessary. Where a discrepancy is found between EIV and tenant reported household information, management will use written third-party verification.

Rejection of Ineligible Applicants

A rejection of an application is a denial for all persons listed on the application. An application may be denied for any of the following reasons:

- The applicant is not elderly based upon program and project requirements.
- Submission of false information on the application, or failure to cooperate in the verification process.
- The applicant has a history of unacceptable or unsatisfactory credit or criminal history as reported by a credit agency or other organization. *Please refer to the Applicant Screening section for more information.*



- Negative reference from current or previous landlord, including but not limited to late rent, NSF (non-sufficient funds) checks, lease violations, evictions, etc.
- The household (including a **Live-In Aide**) size is not appropriate for the unit size. *Please refer to the Occupancy Standards Section.*
- Failure to sign designated or required forms and/or documents upon request.
- The applicant cannot pay the appropriate security deposit at move-in.
- This will not be the applicant's only residence.
- The applicant is/will be receiving subsidy at another residence while residing at this community ("double subsidy").
- The applicant has been offered a housing unit on two separate occasions and, for other than a verified medical reason or disability, they have refused to take the offered unit on both occasions.
- The applicant is not a Citizen, National or eligible non-Citizen (as defined by HUD).
- The applicant is not capable of fulfilling the lease agreement, with or without assistance.
- By HUD formula, the applicant cannot show a need for the subsidy assistance, (where applicable) or the household income exceeds the HUD limits.
- The applicant was unable to provide proof of SSNs as required by HUD.
- The applicant is a student at an institution of higher education and fails to meet the required criteria for Section 8 assistance.

Upon rejection of the application, the applicant will be notified in writing. This written statement, which will be sent in a timely fashion, will include the reason(s) for the rejection, and state that the applicant has the opportunity to request a meeting with management to discuss the rejection. The applicant will be instructed to request a meeting or appeal in writing, or an equally effective format, within fourteen (14) days of the date of the rejection letter. Persons with disabilities have the right to request reasonable accommodations in order to be able to participate in the meeting or appeal process.

If the applicant chooses to request a meeting, the applicant's written request should be sent to the management office within fourteen (14) days of the date of the rejection notice. The requested meeting will involve a staff member who was not involved in the initial denial of admission or assistance. Within five (5) business days of management's response or meeting, management will advise the applicant, in writing, of the final decision on eligibility. All of this material (original application, rejection letter, applicant's request for a meeting, summary of the meeting, and the final decision) will be kept for three (3) years in a confidential file.

WHEN AN APPLICANT IS REJECTED DUE TO INFORMATION OBTAINED IN A CRIMINAL SCREENING, management will first notify the applicant in writing of the proposed denial. The notice will include the reason for the proposed denial and will include the name, address and telephone number of the agency that composed the criminal record report. The applicant will be permitted to dispute the accuracy and relevance of the information obtained from the screening agency. The applicant must request an appeal or meeting within fourteen (14) days of the letter date, as outlined above. If no request for a meeting or appeal is received from the applicant, the application is rejected and the rejection will be considered final.

Security Deposits

The applicant is required to pay the full security deposit at move-in. Security deposits are kept in an interest bearing account. Interest is paid or refunded in accordance with any state or local law. The security deposit is refundable, barring any damage to the unit. The tenant forfeits the security deposit if they fail to give 30 day notice of move-out and/or do not complete the initial one-year lease term. *Tenants should refer to the Security Deposit Agreement and Policy for complete details.*

Unit Inspections

At move-in, before executing a lease, management and the tenant must jointly inspect the unit. Any deficiencies will be noted on the Move-in Inspection Form. If cleaning or repair is required, management will note the date by which the work will be completed on the form. This date will be no more than thirty (30) days from the effective date of the lease. Both tenant and management must sign and date the Move-in Inspection Form. The tenant has five (5) days to report any additional deficiencies that need to be added to the form. The Move-in Inspection Form will become an attachment to the lease.

Management will also inspect units annually to determine whether the appliances and equipment in the unit are functioning properly and to assess whether a component needs to be repaired or replaced. This is also an opportunity to determine any damage to the unit caused by the tenant's abuse or negligence and, if so, make the necessary repairs and bill the tenant for the cost of the repairs.

Upon the unit being vacated by the tenant, management will perform a move-out inspection to ensure there are no damages to the unit. The manager will list the damages on the Move-out Inspection Form and compare it with the Move-in Inspection Form to determine if the damage is reasonable wear and tear or excessive damage caused by the tenant's abuse or



negligence. The tenant will be given prior notice of the move-out inspection and be allowed to accompany the manager if the tenant chooses. Ideally, the tenant should accompany the manager on the move-out inspection so that any discrepancies can be discussed and a decision reached as to the extent of the damage and who is responsible for the cost associated with the damage.

HUD, or its authorized contractor(s), has the right to inspect the units and the entire property to ensure that the property is being physically well maintained. Proper notice will be given, as required by HUD and/or local requirements, prior to any inspection.

The governing agency for the LIHTC funding has the right to audit resident files and inspect units and the premises. Refer to management for further details.

Recertification Requirement

Management is required to conduct a recertification of family income and composition of all households receiving assistance at least annually. Management is not required to conduct an annual recertification on tenants paying contract or market rent unless requested by the tenant. At lease signing, and all annual recertifications, the tenant will receive the Initial Notice indicating the next scheduled recertification. Management will then notify the tenant 120 days prior their upcoming recertification. If no response is received from the tenant, management will notify the tenant 90 days prior, and again, 60 days prior to the recertification. Tenants are required to supply the information requested for a regularly scheduled recertification in accordance with HUD requirements. Tenants must sign consent forms and asset declaration forms. Rent and assistance payments may change based on the information gathered. Refusal to recertify may cause a termination of assistance.

Tenants are required to notify management when:

1. A family member moves out of the unit;
2. The family proposes to move a new member into the unit;
3. An adult member of the family who was reported as unemployed on the most recent certification or recertification obtains employment; or
4. The family's income cumulatively increases by \$200 or more per month.

Tenants may request an interim recertification due to any changes in income, assets, allowances, or other changes occurring since the last recertification that may affect the TTP or tenant rent and assistance payment for the tenant.

Unit Transfers

Management will allow in-house transfers, in the following situations:

- A unit transfer due to change in family size;
- A unit transfer due to changes in family composition;
- A deeper subsidy, if applicable;
- A unit transfer for a medical reason, including a reasonable accommodation;
- A unit transfer based on the need for an accessible unit;
- A transfer from a unit due to renovation of the previous unit.
- An emergency transfer for a person seeking to exercise VAWA protections.

Management will first assign units to existing tenants who have a demonstrated need for a change in housing before offering units to an applicant on the Waiting List. This will be done as outlined below. All current in place tenants whose needs or family situations have changed will be transferred before anyone on the waiting list is housed.

Reasonable Accommodations for Persons with Disabilities: Management is required to pay for the move as a reasonable accommodation unless doing so would constitute an undue financial or administrative burden. Transfers will be provided to persons who have a verified medical or disability need in the order received.

Transfer requests will be considered in the following order:

1. Uninhabitable Unit (examples include rehab, repair, and damage from flood, fire, and natural disaster)
2. Imminent Threat (includes Emergency VAWA Transfer) and Verified need for an accessible unit (Priority given by date)
3. Verified need for a reasonable accommodation
4. Verified medical need
5. Resident is housed in an accessible unit and no longer needs the features of that unit
6. Under housed families/households (unit is too small according to occupancy standards)



7. Over housed families/households (example: a one person household in a two bedroom unit)
8. All other transfers in the order in which they are received

When a request for an emergency transfer due to imminent threat (including VAWA) is denied, the applicant will receive written notice of this determination within five (5) business days. The notice will contain the reasons for the determination. The resident has the right to meet with the manager to review or appeal the decision. Reasonable accommodations can be made for persons with disabilities to participate in the appeal process.

Definitions

Elderly Person or Family. An Elderly person or family is defined as a household where the head or spouse is age 62 or older.

Disabled (Handicapped) Family. [24 CFR 891.505] Disabled (handicapped) family means:

- (1) Families of two or more persons the head of which (or his or her spouse) is a person with disabilities (handicapped);
- (2) The surviving member or members of any family described in paragraph (1) of this definition living in a unit assisted under subpart E of this part (Section 202 loans) with the deceased member of the family at the time of his or her death;
- (3) A single person with disabilities (handicapped person) over the age of 18; or
- (4) Two or more persons with disabilities (handicapped persons) living together, or one or more such persons living with another person who is determined by HUD, based upon a licensed physician's certificate provided by the family, to be essential to their care or well-being.

Person with a Disability (Handicapped Person). [24 CFR 891.505 and 891.305] A person with disabilities means:

- (1) Any adult having a physical, mental, or emotional impairment that is expected to be of long continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.
- (2) A person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:
 - (i) Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - (ii) Is manifested before the person attains age 22;
 - (iii) Is likely to continue indefinitely;
 - (iv) Results in substantial functional limitation in three or more of the following areas of major life activity:
 - (A) Self-care,
 - (B) Receptive and expressive language,
 - (C) Learning,
 - (D) Mobility,
 - (E) Self-direction,
 - (F) Capacity for independent living, and
 - (G) Economic self-sufficiency; and
 - (v) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
- (3) A person with a chronic mental illness, i.e., a person who has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.
- (4) Persons infected with the human acquired immunodeficiency virus (HIV) who are disabled as a result of infection with the HIV are eligible for occupancy in the Section 202 projects designed for the physically disabled, developmentally disabled, or chronically mentally ill depending upon the nature of the person's disability. (24 CFR 891.505)

Note: A person whose sole impairment is alcoholism or drug addiction (i.e., who does not have a developmental disability, chronic mental illness, or physical disability that is the disabling condition required for eligibility in a particular project) will not be considered to be disabled for the purposes of the Section 202 program.
- (5) A person infected with the human acquired immunodeficiency virus (HIV) and a person who suffers with alcoholism or drug addiction, provided they meet the definition of "person with disabilities" in Section 811 (42 U.S.C) 8013(k)(2). A person whose sole impairment is a diagnosis of HIV positive or alcoholism or drug addiction (i.e., does not meet the qualifying criteria in Section 811 will not be eligible for occupancy in a section 811 project. (24 CFR 891.305)

Live-in Aide. [24 CFR 5.403] A person who resides with one or more elderly persons, near-elderly persons, or persons with disabilities, and who:

1. Is determined to be essential to the care and well-being of the persons;



2. Is not obligated for the support of the persons; and
3. Would not be living in the unit except to provide the necessary supportive services.

National. [24 CFR 5.504] A person who owes permanent allegiance to the United States; for example, as a result of birth in a United States territory or possession.

Noncitizen. [24 CFR 5.504] A person who is neither a citizen nor a national of the United States.

Student. For Section 8 eligibility purposes means all students enrolled either full-time or part-time at an institution of higher education.

Independent Student.

To be classified as an independent student for Title IV aid, a student must meet one or more of the following criteria:

- a. The individual is 24 years of age or older by December 31 of the award year;
- b. The individual is an orphan, in foster care, or a ward of the court or was an orphan, in foster care, or a ward of the court at any time when the individual was 13 years of age or older;
- c. The individual is, or was immediately prior to attaining the age of majority, an emancipated minor or in legal guardianship as determined by a court of competent jurisdiction in the individual's State of legal residence;
- d. The individual is a veteran of the Armed Forces of the United States (as defined in subsection (c)(1) of HEA) or is currently serving on active duty in the Armed Forces for other than training purposes;
- e. The individual is a graduate or professional student;
- f. The individual is a married individual;
- g. The individual has legal dependents other than a spouse;
- h. The individual has been verified during the school year in which the application is submitted as a Vulnerable Youth*; or
- i. The individual is a student for whom a financial aid administrator makes a documented determination of independence by reason of other unusual circumstances.

***Vulnerable Youth.**

A student meets HUD's definition of a vulnerable youth when:

- a) The individual is an orphan, in foster care, or a ward of the court or was an orphan, in foster care, or a ward of the court at any time when the individual was 13 years of age or older;
- b) The individual is, or was immediately prior to attaining the age of majority, an emancipated minor or in legal guardianship as determined by a court of competent jurisdiction in the individual's State of legal residence;
- c) The individual has been verified during the school year in which the application is submitted as either an unaccompanied youth who is a homeless child or youth (as such terms are defined in section 725 of the McKinney-Vento Homeless Assistance Act) (42 U.S.C. 11431 et seq.), or as unaccompanied, at risk of homelessness, and self-supporting, by
 - i) A local educational agency homeless liaison, designated pursuant to the McKinney-Vento Homeless Assistance Act;
 - ii) The director of a program funded under the Runaway and Homeless Youth Act or a designee of the director;
 - iii) The director of a program funded under subtitle B of title IV of the McKinney-Vento Homeless Assistance Act (relating to emergency shelter grants) or a designee of the director; or
 - iv) A financial aid administrator.

Extremely Low Income. An extremely low-income family is a family whose income does not exceed the higher of 30 percent of the area median income or the federal poverty level. The federal poverty level provision in the definition of an extremely low-income family does not apply in the case of public housing agencies or projects located in Puerto Rico or any other territory or possession of the United States.



Income Tax Return Affidavit

Applicant/Resident Name: _____ Address: _____

Social Security Number (If required): _____ City, State, Zip: _____

Because this property receives benefits from the U.S. Government, we are required by law to verify information regarding the income and assets of new applicants and current residents.

The U.S. Government requires the following when completing this verification form:

- Please do not leave any questions blank or unanswered. Enter "N/A" on the line if a question is not applicable.
- Use of correction fluid, or "White-out", is prohibited.
- If the information must be corrected, please strike through the incorrect information and initial the change.
- The date and signature of the individual completing the form is required.

I hereby certify that I have not filed Federal Income Tax returns for the following years:

Tax Year	Applicant/Resident's Initials	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Under penalty of perjury, I certify that the above information is true and correct. I understand that intentionally supplying false information is considered a violation of my lease terms and could lead to eviction.

Applicant Signature _____ Date _____

Warning: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of obtaining federal funds.

National Church Residences does not discriminate in any manner based upon race, color, religion, sex, national origin, disability, marital or familial status, legal source of income, age, sexual preference, or any other class protected by state or federal law. Tenancy may be restricted to individuals and families that meet program and/or project requirements.





Bank Account Verification

Date: _____

TO: _____

FROM: _____

Lakewood Christian Manor
2141 Springdale Road S.W.
Atlanta, GA 30316

Applicant/Resident Name: _____ Address: _____

Social Security Number (if required): _____

The above named individual is currently residing in, or has applied for housing at our affordable housing community. Because this property receives benefits from the U.S. Government, we are required by law to verify information regarding the income and assets of new applicants and current residents.

We ask your cooperation in completing the information below and returning it to the address listed at the top of the page by mail or by fax. Your prompt return of this information will help to assure timely processing of the application or renewal. Thank you in advance for your assistance. The applicant/resident has consented to this release of information as noted at the bottom of the form.

The U.S. Government requires the following when completing this verification form:

- Please do not leave any questions blank or unanswered. Enter "N/A" on the line if a question is not applicable.
- Use of correction fluid, or "White-out", is prohibited.
- If the information must be corrected, please strike through the incorrect information and initial the change.
- The date and signature of the individual completing the form is required.

INFORMATION REQUESTED - TO BE COMPLETED BY THE REPORTING AGENCY ONLY

Type of Account	Account Number	Current Balance (Savings)	Average 6 Month Balance (Checking)*	Interest Rate Earned	Withdrawal Penalty \$ or %	Ownership %
_____	_____	\$ _____	\$ _____	_____ %	_____	_____ %
_____	_____	\$ _____	\$ _____	_____ %	_____	_____ %
_____	_____	\$ _____	\$ _____	_____ %	_____	_____ %
_____	_____	\$ _____	\$ _____	_____ %	_____	_____ %

* If checking account is too new for a six month average, please provide current balance.

UNDER PENALTY OF PERJURY, I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Name and Title of the Individual Supplying the Information: _____

Firm/Organization: _____ Phone: _____

Signature: _____ Date: _____

APPLICANT RELEASE AND CONSENT

Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. *Notice to Applicant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.*

Applicant/Resident Signature: _____ Date: _____

Warning: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of obtaining federal funds.

National Church Residences does not discriminate in any manner based upon race, color, religion, sex, national origin, disability, marital or familial status, legal source of income, age, sexual preference, or any other class protected by state or federal law. Tenancy may be restricted to individuals and families that meet program and/or project requirements.



Disposal of Assets Affidavit



Date: _____

Applicant/Resident Name: _____ Address: _____

Social Security Number (If required): _____

Because this property receives benefits from the U.S. Government, we are required by law to verify information regarding the income and assets of new applicants and current residents.

The U.S. Government requires the following when completing this verification form:

- Please do not leave any questions blank or unanswered. Enter "N/A" on the line if a question is not applicable.
- Use of correction fluid, or "White-out", is prohibited.
- If the information must be corrected, please strike through the incorrect information and initial the change.
- The date and signature of the individual completing the form is required.

DISPOSAL OF ASSETS FOR LESS THAN FAIR MARKET VALUE

FAIR MARKET VALUE IS DEFINED AS: The market value of the asset minus reasonable costs incurred in selling or converting the asset to cash. Such costs include:

- a. Penalties for withdrawing funds before maturity.
- b. Broker/legal fees for the sale of assets.
- c. Settlement costs for real estate transactions.

In the last 2 years, have you or anyone in your household disposed of assets for less than fair market value (as defined above)? Yes* No

***IF YOU ANSWERED "YES", PLEASE LIST THE ASSETS:**

ASSET	DATE DISPOSED	FAIR MARKET VALUE (AT DISPOSITION)	AMOUNT RECEIVED
1. _____	____/____/____	\$ _____	\$ _____
2. _____	____/____/____	\$ _____	\$ _____
3. _____	____/____/____	\$ _____	\$ _____
4. _____	____/____/____	\$ _____	\$ _____

IF YOU ANSWERED "NO", PLEASE CERTIFY BY CHECKING THE BOX BELOW:

I CERTIFY THAT I HAVE NOT DISPOSED OF ANY ASSETS FOR LESS THAN FAIR MARKET VALUE WITHIN THE LAST 2 YEARS.

DISPOSAL OF ASSETS

In the last 2 years, have you or anyone in your household disposed of assets, such as closing bank or retirement accounts, or cashing-in investments or policies not listed above? Yes* No

***IF YOU ANSWERED "YES", PLEASE LIST THE ASSETS:**

ASSET	DATE DISPOSED	FAIR MARKET VALUE (AT DISPOSITION)	AMOUNT RECEIVED
1. _____	____/____/____	\$ _____	\$ _____
2. _____	____/____/____	\$ _____	\$ _____
3. _____	____/____/____	\$ _____	\$ _____
4. _____	____/____/____	\$ _____	\$ _____

IF THE FUNDS WERE USED FOR PERSONAL EXPENSES, PLEASE CHECK THE TYPE(S) BELOW:

Living Expenses Personal Property Medical Expenses Other _____

Under penalty of perjury, I certify that the above information is true and correct. I understand that intentionally supplying false information is considered a violation of my lease terms and could lead to eviction.

Applicant/Resident Signature: _____ Date: _____

Warning: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of obtaining federal funds.

National Church Residences does not discriminate in any manner based upon race, color, religion, sex, national origin, disability, marital or familial status, legal source of income, age, sexual preference, or any other class protected by state or federal law. Tenancy may be restricted to individuals and families that meet program and/or project requirements.



Disposal of Assets Affidavit



Date: _____

Applicant/Resident Name: _____

Address: 2141 Springdale Rd Sw
Atlanta, Georgia 30315

Social Security Number (If required): _____

HUD requires applicants and residents to declare whether an asset has been disposed of for less than fair market value at certification and recertification. Management must count assets disposed of for less than fair market value during the two years preceding certification or recertification.

The amount counted as an asset is the difference between the cash value and the amount actually received. This rule applies only when the fair market value of all assets given away during the past two years exceeds the gross amount received by more than \$1,000.

FAIR MARKET VALUE is defined as the fair market value of the asset minus reasonable costs incurred in selling or converting the asset to cash. Assets disposed of for less than market value as a result of foreclosure, bankruptcy, divorces, or separations are NOT counted.

CERTIFICATION – TO BE COMPLETED BY THE APPLICANT OR RESIDENT

I **HAVE** disposed of assets for less than fair market value in the 2 years preceding this certification.
List asset information below:

Asset Description	Date Disposed	Cash Value of Asset	Cost Incurred	Fair Market Value
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

I certify that I **HAVE NOT** disposed of assets for less than fair market value in the 2 years preceding this certification.

UNDER PENALTY OF PERJURY, I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

I understand that intentionally supplying false information is considered a violation of my lease terms and could lead to eviction.

Applicant/Resident Signature: _____

Date: _____

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408(a) (6), (7) and (8).

National Church Residences does not discriminate in any fashion based upon a person's race, color, sex, national origin, handicap status, religion, marital or familial status, source of income, sexual orientation, gender identity, or disability. National Church Residences does not discriminate based upon age for any reason, excluding HUD program/project requirements.



Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property _____ Project No. _____ Address of Property _____

Name of Owner/Managing Agent _____ Type of Assistance or Program Title: _____

Name of Head of Household _____ Name of Household Member _____

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



Citizenship Declaration

INSTRUCTIONS: Complete this Declaration for EACH member of the household listed on the Family Summary Sheet.

Last Name: _____ First Name: _____

Relationship to Head of Household: _____ Sex: _____ Date of Birth: _____

Social Security No. _____ Alien Registration No. _____

Admission Number: _____ (if applicable)
(This is an 11 digit number found on DHS Form I-94, Departure Record)

Nationality: _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always, the country of birth)

SAVE Verification No. _____
(To be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or typing the person's first name, middle initial and last name in the space provided. Then review the boxes shown below and complete either box number 1, 2, or 3.

DECLARATION:

I, _____ hereby declare, under penalty of perjury, the following:
(Print or type first name, middle initial, last name)

1. **I am a citizen or national of the United States.**

Sign and date below and return to the name and address specified in the attached notification letter. If this box is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature _____ Date _____

Check here if adult signed for a child:

2. **I am a noncitizen with eligible immigration status as evidenced by one of the documents listed below:**

NOTE: If you checked this box and you are 62 years of age or older, you need only submit a proof of age document together with this form, and sign below.

If you checked this box and you are less than 62 years of age, you should submit the following documents:

a. **Verification Consent Form**

AND

b. **One of the following documents:**

(1) **Form I-551, Permanent Resident Card**

(2) **Form I-94, Arrival-Departure Record, with one of the following annotations:**

a) "Admitted as Refugee Pursuant to section 207";



- b) "Section 208" or "Asylum";
- c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
- d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."

(3) If Form I-94, Arrival-Departure Record, is not annotated, it must be accompanied by one of the following documents:

- a) A final court decision granting asylum (but only if no appeal is taken);
 - b) A letter from a DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from a DHS district director granting asylum (if application was filed before October 1, 1990);
 - c) A court decision granting withholding or deportation; or
 - d) A letter from a DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (5) Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

If this box is checked, sign and date below and submit the documentation required above with this declaration and a verification consent form to the name and address specified in the attached notification. If this box is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension box below.

Signature _____

Date _____

Check here if adult signed for a child:

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in box 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

3. I am NOT contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this box, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this box is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature _____

Date _____

Check here if adult signed for a child:





Citizenship Verification Consent

INSTRUCTIONS: Complete this format for each noncitizen family member who declared eligible immigration status on the Citizenship Declaration form. If this form is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT:

I, _____ hereby consent to the following:
(Print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
 - a. HUD, as required by HUD; and
 - b. The DHS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

Signature _____

Date _____

Check here if adult signed for a child:





Owners Notice No. 1

Dear Applicant:

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than

U.S. citizens or nationals, or certain categories of eligible noncitizens, in the following HUD programs:

- a. Section 8 Housing Assistance Payments programs;
- b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
- c. Section 101/Rent Supplement Program.

You have applied, or are applying for, assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. You must do the following:

1. Complete a **Family Summary Sheet**, using the attached blank form, to list all family members who will reside in the assisted unit.
2. Each family member (including you) listed on the Family Summary Sheet must complete a **Citizenship Declaration**. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Citizenship Declaration. The Citizenship Declaration has easy-to follow instructions and explains what, if any other forms and/or evidence must be submitted with each Citizenship Declaration.
3. **Submit the Family Summary Sheet, the Citizenship Declarations, and any other forms and/or evidence to the name and address listed below by the date of your interview.**

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact the rental office at _____ . The management staff will be happy to assist you. Also, if you are unable to provide the required documentation by the date of your interview, you should immediately contact this office and request an extension, using the box provided on the Citizenship Declaration. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain family members are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family based on the number of members who are eligible. If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.





Family Summary Sheet

Member No.	Last Name of Family Member	First Name	Relationship to Head of Household	Sex	Date of Birth
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					



NOTE: This page is to be completed by the landlord.



Owner's Summary of Family

Member No.	Last Name of Family Member	First Name of Family Member	Relationship to Head of Household	Sex	Date of Birth	Declaration	Date Verified
Head							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

DCA LIHTC Certification of Student Status

Please complete one form per household

Head of Household _____ Co-Head of Household _____
 Unit number _____ Move in Date _____

All Adults must read: A full-time student is any individual who is currently enrolled in any educational institution on a full-time basis, expects to be enrolled during the balance of the current tax year (JANUARY to DECEMBER), or has been enrolled on a full-time basis for more than four months (need not be consecutive) out of the current calendar year.

Section One: Household Members and Status

Please list **all** household members **regardless of age**. Indicate student status.

	Name	Age	Student Status					
			Full-Time		Part-Time		Verified*	
1			Yes	No	Yes	No	Yes	No
2			Yes	No	Yes	No	Yes	No
3			Yes	No	Yes	No	Yes	No
4			Yes	No	Yes	No	Yes	No
5			Yes	No	Yes	No	Yes	No
6			Yes	No	Yes	No	Yes	No
7			Yes	No	Yes	No	Yes	No
8			Yes	No	Yes	No	Yes	No

* no verification for self certified full-time students. Verify part time status only when everyone in household is a student.

Did anyone graduate from school/college/university during calendar year? Yes No If yes, when: _____
 Are all residents of the household full time students? Yes No If no, skip to section 3

Section Two: Exceptions

When all household members are students, the household must meet one of the following exceptions to qualify for the LIHTC or Bond Program:

Yes	No	At least one member of the household receives assistance under title IV of the Social Security Act (i.e.. payments under AFDC or TANF). <i>Please provide a third-party verification of AFDC/TANF award.</i>
Yes	No	At least one member of the household is currently enrolled in a job training program that receives assistance under the Job Training Partnership Act (JTPA) or is funded by a state or local public agency. <i>Please provide a verification of enrollment & mission statement of the program if not JTPA.</i>
Yes	No	The head of household is a single parent of the above listed children and the above listed parent is not the dependent of another individual for tax purposes, and the children are not claimed as a dependent by someone other than a parent. <i>Please provide a signed copy of most recent tax return.</i>
Yes	No	The members of the household are married and eligible file a joint federal tax return. <i>Please provide a signed copy of most recent tax return or marriage license.</i>
Yes	No	At least one household member was previously under the care and placement responsibility of the State agency responsible for administering a plan under Part B or Part E of Title IV of the Social Security Act (Foster Care). <i>Please provide court documents, state agency documentation or Social Security verification.</i>

Section Three: Signatures and Acknowledgement

_____ I agree to notify management immediately if any household members student status changes including, but not limited to my own. (All Adult Residents Initial)

I understand that changes in my student status may affect my eligibility to participate in this program. I certify that the information given above is true and complete to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties and IRS investigation.

Signature _____	Signature _____
Date _____	Date _____

WARNING: Section 1001 of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency

Student Certification

Date: _____

Applicant/Resident Name: _____ Address: _____

CERTIFICATION – TO BE COMPLETED BY THE RESIDENT/APPLICANT

Are you a student at an institution of higher education?

Yes No

**Institutions of higher education include post-secondary vocational institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation", and accredited post-secondary colleges and universities. If you are not sure, please mark "yes" and we will verify it.*

****IF YOU HAVE ANSWERED NO, PLEASE SKIP THESE QUESTIONS AND SIGN ON PAGE 2.****

**If you answered yes, we are required to determine your eligibility as a student.
 Please complete the following questions:**

Yes No

- | | | |
|---|--------------------------|--------------------------|
| 1. Are you least 24 years of age? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you an individual that is or was an orphan, in foster care, or a ward of the court at any time from the age of 13? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you an individual that is, or was immediately prior to attaining the age of majority, an emancipated minor or in legal guardianship as determined by a court of competent jurisdiction in your State of legal residence? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you a veteran of the Armed Forces of the United States (as defined in subsection (c)(1) of HEA) or currently serving on active duty in the Armed Forces for other than training purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you a graduate or professional student? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you currently married? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have legal dependents other than a spouse? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you been verified during the school year as either an unaccompanied youth who is homeless or at risk of homelessness and self-supporting*? | <input type="checkbox"/> | <input type="checkbox"/> |
| *This must be verified by: | | |
| <ul style="list-style-type: none"> • A local education agency's homeless liaison; • The director (or designee) of a program funded under the Runaway & Homeless Youth Act; • The director of a program funded under Subtitle B of Title IV of the McKinney-Vento Homeless Assistance Act; or • A financial aid administrator. | | |
| 9. Are you a student for whom a financial aid administrator makes a documented determination of independence by reason of other unusual circumstances? | <input type="checkbox"/> | <input type="checkbox"/> |



Yes No

10. Are you receiving any financial assistance to pay for your education*?

*If yes, please list all sources of financial assistance including the school, any providers of scholarships or grants, parents, associations, etc.

If you or another member of your household is determined to be an ineligible student now or in the future, you may not be eligible for assistance. If management determines at any time after move-in that you are ineligible for assistance, we will notify you by providing a 30-day notice that your assistance will be terminated.

Under penalty of perjury, I certify that the above information is true and correct. I understand that intentionally supplying false information is considered a violation of my lease terms and could lead to eviction.

Applicant/Resident Signature: _____ Date: _____

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408(a) (6), (7) and (8).

National Church Residences does not discriminate in any fashion based upon a person's race, color, sex, national origin, handicap status, disability, religion, familial status, source of income, actual or perceived sexual orientation, gender identity, or marital status. National Church Residences does not discriminate based upon age for any reason, excluding HUD program/project requirements.



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



LAKWOOD CHRISTIAN MANOR

AUTHORIZATION AND RELEASE OF SEX OFFENDER BACKGROUND INFORMATION (ANNUAL RECERTIFICATION)

Name: _____
Last First MI

Please list any other names you have used: _____

Full Address: _____
House Number and Street City State Zip

Please list all other states where you have lived: _____

Date of Birth: _____ SSN: _____

AUTHORIZATION

I consent to allow National Church Residences, to request and obtain information regarding a sex offender screening in each state where I have resided. I certify, all information provided on this authorization form is true and complete to my knowledge.

Resident Signature _____

Date _____

Management (Witness) Signature _____

Date _____

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions.

National Church Residences does not discriminate in any fashion based upon a person's race, color, sex, national origin, handicap status, disability, religion, familial status, source of income, actual or perceived sexual orientation, gender identity, or marital status. National Church Residences does not discriminate based upon age for any reason, excluding HUD program/project requirements.



Verification of Delivery

Applicant/Resident Name: _____ Type of Certification: _____

Unit Number: _____ Date: _____

Instructions to Applicant/Resident: Please initial beside each document that you received today. This form will serve as proof in your file that we have submitted the documents to you.

Head of Household

Co-Head of Household

- | | | |
|-------|-------|--|
| _____ | _____ | HUD 9887 and HUD 9887A |
| _____ | _____ | HUD Resident Rights and Responsibilities |
| _____ | _____ | HUD Form 1141 "Is Fraud Worth It" |
| _____ | _____ | HUD Fact Sheet "How Your Rent is Determines" |
| _____ | _____ | VAWA Notice |
| _____ | _____ | VAWA Forms HUD 5380 and HUD 5382 |
| _____ | _____ | Lead Based Paint Disclosure (If applicable) |
| _____ | _____ | EIV and You Brochure |
| _____ | _____ | Resident Safety Flyer |
| _____ | _____ | LiveSmart Brochure |
| _____ | _____ | ePremium Brochure |
| _____ | _____ | House Rules Update (If applicable) |
| _____ | _____ | Oxygen Safety Tips (If Applicable) |

Other (Please List each document separately)

Reasonable Accommodation

_____	_____	_____
_____	_____	_____
_____	_____	_____

Head of Household

Date

Co-Head of Household

Date

Property Manager

Date

National Church Residences does not discriminate in any fashion based upon a person's race, color, sex, national origin, handicap status, disability, religion, familial status, source of income, actual or perceived sexual orientation, gender identity or marital status. National Church Residences does not discriminate based upon age for any reason, excluding HUD program/project requirements.



Landlord Reference Verification



Date:

TO:

FROM: Lakewood Christian Manor
2141 Springdale Road SW
Atlanta, Georgia 30315

Applicant/Resident Name:

Address:

The above named individual is currently residing in, or has applied for housing at our affordable housing community. Because this property receives benefits from the U.S. Government, we are required by law to verify information regarding the income and assets of new applicants and current residents.

We ask your cooperation in completing the information below and returning it to the address listed at the top of the page by mail or by fax. Your prompt return of this information will help to assure timely processing of the application or renewal. Thank you in advance for your assistance. **The applicant/resident has consented to this release of information as noted at the bottom of the form.**

INFORMATION REQUESTED – TO BE COMPLETED BY THE REPORTING AGENCY ONLY

When did the applicant reside at this address? From: _____ To: _____

Are you a friend or relative of the applicant? Yes (*Relationship* _____) No

What type of rental property is this? House Apartment Room

What is/was the monthly rent? \$ _____ Is the property subsidized? Yes No

Was the tenant ever late with a rent payment? Yes* No

*If yes, when and how many times was the tenant late? _____

Did other lease violations occur? Yes* No *If yes, what were they? _____

How frequently did each of the other lease violations occur? _____

Was/is the applicant responsible for paying their own utilities? Yes No

What was the security deposit? \$ _____ What was/will be the amount refunded? \$ _____

Does/did the applicant have pets? Yes* No *If yes, please list type and size _____

If the applicant has moved, did the applicant give proper notice? Yes No N/A

Was the unit vacated in rentable condition? Yes No N/A Was the tenant evicted? Yes No

Did the applicant vacate the premises owing a balance? Yes* No N/A *If yes, what amount? \$ _____

UNDER PENALTY OF PERJURY, I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Name and Title of the Individual Supplying the Information _____

Firm/Organization _____

Signature _____

Date _____

APPLICANT RELEASE AND CONSENT

Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Notice to Applicant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

Applicant/Resident Signature: _____

Date: _____

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408(a) (6), (7) and (8).

National Church Residences does not discriminate in any manner based upon race, color, religion, sex, national origin, disability, marital or familial status, legal source of income, age, sexual preference, or any other class protected by state or federal law. Tenancy may be restricted to individuals and families that meet program and/or project requirements.



U.S. Department of Housing and Urban Development

Document Package for Applicant's/Tenant's Consent to the Release Of Information

This Package contains the following documents:

- 1. HUD-9887/A Fact Sheet describing the necessary verifications**
- 2. Form HUD-9887 (to be signed by the Applicant or Tenant)**
- 3. Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)**
- 4. Relevant Verifications (to be signed by the Applicant or Tenant)**

Each household must receive a copy of the 9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A.

Attachment to forms **HUD-9887 & 9887-A** (02/2007)

HUD-9887/A Fact Sheet

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

Example: Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

Example: Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

Programs Covered by this Fact Sheet

- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
- Section 202
- Sections 202 and 811 PRAC
- Section 202/162 PAC
- Section 221(d)(3) Below Market Interest Rate
- Section 236
- HOPE 2 Home Ownership of Multifamily Units

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):
Att:Director, Multifamily Division
US Department of HUD, 40 Marietta Street
Atlanta, Georgia 30303/404-331-5136

O/A requesting release of information (Owner should provide the full name and address of the Owner.):
National Church Residences
335 North Bank Drive
Columbus, OH 43220-5499

PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
Georgia HAP Administrators, INC
1975 Lakeside Parkway, STE 310
Tucker, Georgia 30038

Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992 and section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

Purpose: In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:

Additional Signatures, if needed:

Head of Household _____

Date _____

Other Family Members 18 and Over _____

Date _____

Spouse _____

Date _____

Other Family Members 18 and Over _____

Date _____

Other Family Members 18 and Over _____

Date _____

Other Family Members 18 and Over _____

Date _____

Other Family Members 18 and Over _____

Date _____

Other Family Members 18 and Over _____

Date _____

Agencies To Provide Information

State Wage Information Collection Agencies. (HUD and PHA). This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the Owner or the PHA responsible for the unauthorized disclosure or improper use.

Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information
Supplied by Individuals Who Apply for Housing Assistance

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
 - a. The HUD-9887/A Fact Sheet.
 - b. Form HUD-9887.
 - c. Form HUD-9887-A.
 - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
 - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
 - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD-9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
 - HUD's requirements concerning the release of information, and
 - Other customer protections.
2. Sign on the last page that:
 - you have read this form, or
 - the Owner or a third party of your choice has explained it to you, and
 - you consent to the release of information for the purposes and uses described.

Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes

information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)
Rent Supplement
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
Section 202
Sections 202 and 811 PRAC
Section 202/162 PAC
Section 221(d)(3) Below Market Interest Rate
Section 236
HOPE 2 Home Ownership of Multifamily Units

Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

Name of Project Owner or his/her representative

Title

Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the O/A or the PHA responsible for the unauthorized disclosure or improper use.

Notice to Applicants and Residents of Rights under the Violence Against Women Act (VAWA)

A federal law that went into effect in 2013 protects individuals who are victims of domestic violence, dating violence, sexual assault, or stalking. The name of the law is the Violence against Women Act, or "VAWA." These protections apply to men, women, and children. This notice explains your rights under VAWA.

- You cannot be denied housing or housing assistance solely because you are a victim. If you are otherwise eligible for housing or housing assistance, the landlord cannot deny you only because you are, or have been, a victim of domestic violence, dating violence, sexual assault, or stalking.
- Criminal acts directly related to domestic violence, dating violence, sexual assault, or stalking that are caused by the victim and/or another affiliated individual cannot be cause for termination or eviction of the victim of the abuse.
- If you are the victim of an incident of actual or threatened domestic violence, dating violence, sexual assault, or stalking, you cannot be evicted based on the incident unless there is an actual and imminent threat to other tenants or employees at the property if the victim is not evicted. A victim may be denied, terminated, or evicted based on good cause unrelated to domestic violence, dating violence, sexual assault, or stalking, provided that victim is not subject to a more demanding standard than non-victims.
- A victim's lease can be changed to evict only the perpetrator(s). This is known as "bifurcation" and allows the victimized tenants to remain in the unit while removing only the tenant who committed the act of domestic violence, dating violence, sexual assault, or stalking.
- You can move to protect family members. Landlords cannot terminate assistance if you move to protect the health/safety of a family member who is the victim of domestic violence, dating violence, sexual assault, or stalking and reasonably believed he/she was imminently threatened by further violence if he/she stayed in the unit.

If you claim protection under VAWA, the landlord may require you to provide documentation that you are a victim and that the incident or incidents are bona fide incidents of such actual or threatened abuse. If documentation is requested, the request must be made in writing.

- Self-certification of the victim: Upon request, the landlord will provide form HUD-50066 for you to complete; or
- Documentation of a statement from a Professional: The documentation can be from an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional you consulted about the domestic violence, dating violence, sexual assault, or stalking; or
- Other Records: You can also submit federal, state, tribal, territorial, or local police and court records and protective orders.

The landlord will give you at least 14 business days to provide documentation and may extend the deadline based on the individual situation. If you fail to provide the documentation by the deadline, you may be denied, terminated, or evicted.

Any information the victim provides to certify that he or she is a victim of domestic violence, dating violence, sexual assault, or stalking must be kept confidential by the landlord. The victim should inform the landlord if the release of the information would put his or her safety at risk. The landlord cannot enter the information into a shared database or reveal it to outside entities unless:

- The victim provides written permission releasing the information.
- The information is required for use in an eviction proceeding, such as to evict the abuser.
- Release of the information is otherwise required by law.

For more information, visit <https://www.justice.gov/ovw>.

National Church Residences does not discriminate in any fashion based upon a person's race, color, sex, national origin, handicap status, disability, religion, familial status, source of income, actual or perceived sexual orientation, gender identity, or marital status. National Church Residences does not discriminate based upon age for any reason, excluding HUD program/project requirements.



Notice to Applicants and Residents of Rights under the Violence Against Women Act (VAWA)

A federal law that went into effect in 2013 protects individuals who are victims of domestic violence, dating violence, sexual assault, or stalking. The name of the law is the Violence against Women Act, or "VAWA." These protections apply to men, women, and children. This notice explains your rights under VAWA.

- You cannot be denied housing or housing assistance solely because you are a victim. If you are otherwise eligible for housing or housing assistance, the landlord cannot deny you only because you are, or have been, a victim of domestic violence, dating violence, sexual assault, or stalking.
- Criminal acts directly related to domestic violence, dating violence, sexual assault, or stalking that are caused by the victim and/or another affiliated individual cannot be cause for termination or eviction of the victim of the abuse.
- If you are the victim of an incident of actual or threatened domestic violence, dating violence, sexual assault, or stalking, you cannot be evicted based on the incident unless there is an actual and imminent threat to other tenants or employees at the property if the victim is not evicted. A victim may be denied, terminated, or evicted based on good cause unrelated to domestic violence, dating violence, sexual assault, or stalking, provided that victim is not subject to a more demanding standard than non-victims.
- A victim's lease can be changed to evict only the perpetrator(s). This is known as "bifurcation" and allows the victimized tenants to remain in the unit while removing only the tenant who committed the act of domestic violence, dating violence, sexual assault, or stalking.
- You can move to protect family members. Landlords cannot terminate assistance if you move to protect the health/safety of a family member who is the victim of domestic violence, dating violence, sexual assault, or stalking and reasonably believed he/she was imminently threatened by further violence if he/she stayed in the unit.

If you claim protection under VAWA, the landlord may require you to provide documentation that you are a victim and that the incident or incidents are bona fide incidents of such actual or threatened abuse. If documentation is requested, the request must be made in writing.

- Self-certification of the victim: Upon request, the landlord will provide form HUD-50066 for you to complete; or
- Documentation of a statement from a Professional: The documentation can be from an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional you consulted about the domestic violence, dating violence, sexual assault, or stalking; or
- Other Records: You can also submit federal, state, tribal, territorial, or local police and court records and protective orders.

The landlord will give you at least 14 business days to provide documentation and may extend the deadline based on the individual situation. If you fail to provide the documentation by the deadline, you may be denied, terminated, or evicted.

Any information the victim provides to certify that he or she is a victim of domestic violence, dating violence, sexual assault, or stalking must be kept confidential by the landlord. The victim should inform the landlord if the release of the information would put his or her safety at risk. The landlord cannot enter the information into a shared database or reveal it to outside entities unless:

- The victim provides written permission releasing the information.
- The information is required for use in an eviction proceeding, such as to evict the abuser.
- Release of the information is otherwise required by law.

For more information, visit <https://www.justice.gov/ovw>.

National Church Residences does not discriminate in any fashion based upon a person's race, color, sex, national origin, handicap status, disability, religion, familial status, source of income, actual or perceived sexual orientation, gender identity, or marital status. National Church Residences does not discriminate based upon age for any reason, excluding HUD program/project requirements.



VAWA Notice 09/2016



PLEASE MAIL BACK ALL OF THE ENCLOSED DOCUMENTS.

2141 SPRINGDALE RD SW ATLANTA, GA 30315

- 1. It is very important that you read, complete all forms, sign and date where indicated.**
- 2. Please do not skip any answers.**
- 3. MAKE COPIES STATE ISSUED ID BIRTH CERTIFICATE, SS CARD, PROOF OF INCOME AND AT LEAST SIX MONTHS OF BANK STATEMENTS**

**If you need assistance please feel free
to call 404-766-1466**

INCOME VERIFICATION
CALL SOCIAL SECURITY

AT 9:00AM

1-877-828-1694

OR

1-866-931-9946

FAX NUMBER FOR
THEM TO FAX IS:

Office fax Number: 404-209-1311